

Employment Application

We are an Equal Opportunity Employer

ou must complete entire application and sign where indicated.					Date	e:
Applicant Informat	ion					
Name (first, middle, last						
Address (street, city, sta	ate zin code)				Mobile Te	Janhana
Address (street, city, sta	ite, zip code)				(·)	-
Email Address:					Home Tele	ephone -
Are there other names under which you have worked or attended school? Yes No If yes, please list for reference checking purposes.						
Are you legally authorize (If hired, you will be requ						
Are you at least 18 year If not, your employment work you are applying for	will be subject to veri	fication that you meet st	ate/fe	deral minimum aç	ge requirer	ments for the type of
Have you ever been cor violations? Yes (Convictions are not an	No If Yes, explain	1) nature of crime, 2) da				
Do you have any pendir] No			
If Yes, describe the 1) n	ature of the charges,	2) date issued, and 3) c	ounty	and state where i	issued.	
If Yes, describe the 1) n Have you ever applied a		<u> </u>		and state where i		y before?
Have you ever applied a	at this company before	e? Have	you e	ever worked at this	s company nen:	
Have you ever applied a	at this company before	e? Have	you e	ever worked at this	s company nen:	y before?
Have you ever applied a ☐ Yes ☐ No If yes	at this company before	e? Have	you e	ever worked at this	s company nen:	
Have you ever applied a Yes No If yes Position Applying	at this company before	e? Have	you e	ever worked at this	s company nen:	
Have you ever applied a Yes No If yes Position Applying When can you start? How were you referred to	at this company before s, when:	e? Have Tt-Time or Full-Time Desired Agency	you e	ever worked at this	s company nen: Sh	
Have you ever applied a Yes No If yes Position Applying When can you start? How were you referred t Social Media	to the company?	e? Have Tt-Time or Full-Time Desired Agency	you e	ever worked at this No If yes, where the second in the se	s company nen: Sh elative	hift Preference
Have you ever applied a Yes No If yes Position Applying When can you start? How were you referred t Social Media 1. If relevant, please de	to the company? School Otherscribe computer prof	e? Have Tt-Time or Full-Time Desired Agency ner Ciciency, software knowle	you ees Sal	No If yes, what is this lary Preference Friend/Reand office equipments	s company nen: Sh elative	hift Preference
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College					☐ Yes ☐ No Type:	
Graduate					☐ Yes ☐ No Type:	
Other (specify)					☐ Yes ☐ No Type:	
Training Courses						
List any relevant training p	rograms comp	leted.				
Course/Seminar	Organiza	rganization Sponsoring Content		Date(s) Attended		
Required License(s)						
If required to drive a motor vehicle for the job applying for, state your:						
1) Driver's license number 2) State issued						
Are you licensed with any group, association or society relating to the job for which you are applying? Yes No						
Registration or License Number State Issued			Expiration Date			



Employment History (start with most recent; us	e separate sheet if necessary)				
Name of Employer:	Telephone () -				
Address:					
Job Title:	Employment Dates				
Name of Immediate Supervisor:	From: To:				
Description of Duties:					
Salary (start): Salary (end):	Reason for Leaving:				
If currently employed, may we contact as a reference? \(\sum \text{Yes} \sum \text{No} \)					
Name of Employer:	Telephone () -				
Address:					
Job Title:	Employment Dates				
Name of Immediate Supervisor:	From: To:				
Description of Duties:					
Salary (start): Salary (end):	Reason for Leaving:				
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Address:					
Job Title:	Employment Dates				
Name of Immediate Supervisor:	From: To:				
Description of Duties:					
Salary (start): Salary (end):	Reason for Leaving:				



Employment References					
List individuals familiar with your job qualifications (no relatives or personal friends).					
Name:	Telephone () -				
	Email Address:				
Address:					
Relationship:	How long known?				
Name:	Telephone () -				
	Email Address:				
Address:					
Relationship:	How long known?				
Name:	Telephone () -				
	Email Address:				
Address:					
Relationship:	How long known?				
Please Read Carefully Before Signing This Form					
 All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. 					
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.					
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)					
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.					
Signed by Date	·				

Thank you for your interest in Schaefer Brush Mfg Company